MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06177

1. PLACE OF DEATH:

County: A.A.

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 Days

Stay in this community (yrs., or mos., or days): 27 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A.A.

City or town: Defence Highway Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural near Annapoils
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John F. Alton

3. (b) Social Security Number: 212-05-5607

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanch S. Alton

6(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): July 29 - 1913

8. AGE: Years: 27 Months: 10 Days: 23 If less than one day: ___ hrs. ___ min.

9. Birthplace: A.A. County
(Town, county, and state)

10. Usual occupation: Lineman

11. Industry or business: Gas&Electric Co

FATHER
12. Name: Morris F. Alton
13. Birthplace: Calvert Co

MOTHER
14. Maiden name: Prudence M. Lambright
15. Birthplace: Frederick Md

16. Informant: Blanch S. Alton

Address: Defence Highway Near Annapolis

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 23 1940 (month) (day) (year)

Cemetery or crematory: Edwards Chapel

Location: Parole Md

18. Funeral director: B.L. Hopping

Address: Annapolis, Md

19. 6/22 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1940, at 2:10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 1940, to June 21 1940, and that I last saw him alive on June 21 1940.

Immediate cause of death: Seven Electric Burn 4000 volts — DURATION: Sudden

Due to

Due to

Other conditions: Acute Hemorrhagic Nephritis - General Anasarca — 1 wk.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Oliver Purnell M. D. or other

Address: Annapolis Md Date signed: 6/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

06178

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: A A.

City or town: Annapolis Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 113 Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Rosario Bionca

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 2nd 1887

8. AGE:

Years	Months	Days	If less than one day
53	3	18	hrs. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual occupation: Clerk. Sat Tavern

11. Industry or business

MOTHER

12. Name: Joseph Bionca

13. Birthplace: Italy

FATHER

14. Maiden name: Catteside Furia

15. Birthplace: Italy

16. Informant: Lena Bionzone

Address: 113 Main St. Annapolis Md.

17. Burial (Burial, cremation, or removal: Which?) Date thereof: June 24. 40 (month) (day) (year)

Cemetery or crematory: St Marys

Location: Annapolis Md.

18. Funeral director: John M. Taylor

Address: Annapolis Md.

19. 6-23 1940 J. J. Murphy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940 at 4 55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940, to June 20 1940

and that I last saw h alive on 19

Immediate cause of death	DURATION
Myocardial Infarction	2-3 days
Due to Chronic endocarditis	Unknown
Due to Diabetes Mellitus	Unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Willis Martin M.D.

M. D. or other

Address: Annapolis Md Date signed 6/22/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170c)

CERTIFICATE OF DEATH

Reg. Dist. No. 1 — 06179

1. PLACE OF DEATH:

County: A. A.

City or town: Annapolis (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: A. A.

City or town: Annapolis Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter Brickhouse

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie Brickhouse

6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Aug. 10 1913

8. AGE: Years 26 Months 10 Days If less than one day ___ hrs. ___ min.

9. Birthplace: Eastville Va (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER: 12. Name: Pat. Brickhouse

13. Birthplace: Va

MOTHER: 14. Maiden name: Nellie Toppin

15. Birthplace: Va

16. Informant: Daisy Taylor

Address: 617 W. Mulberry

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2 1940 (month) (day) (year)

Cemetery or crematory: Bethel Cemetary

Location: East Ville, Va.

18. Funeral director: Charles G. Cooper

Address: Baltimore Md

19. 6-29 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 1940 3:20 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Post. mortem examination

~~[illegible]~~ June 29 1940

Immediate cause of death: Fracture of neck, Fracture of skull

~~Due to~~ Amputated right leg below knee, Comp. fracture of right forearm

~~Due to~~ Hemorrhage

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of 6/29/40

Where did injury occur: Severn River Bridge near Annapolis Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Auto-collision Injured at work? no

23. SIGNATURE: John M. Claffey Deputy medical examiner M. D. or other

Address: Annapolis Md Date signed: 6/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06180

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (94a) Social Security No. 708-10-8113.

County A. A. County Registration Dist. No. 32

Village or City Hanover Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Elisha Brodgen (or) U. S. Veteran, specify WAR World War 1918

(a) Residence: No. St., Ward Brogden

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella A Brodgen

6. DATE OF BIRTH (month, day, and year) Jan 24 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Moulder Helper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1940

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) A A Co.

FATHER

13. NAME James Brodgen

14. BIRTHPLACE (city or town) (State or country) A. A. Co.

MOTHER

15. MAIDEN NAME Rebecca Mans

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Clifton Hebron (Address) Hanover, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date June 26, 1940

19. UNDERTAKER The H. C. Hall Co Inc (Address) Laurel Md

20. FILED June 26, 1940 Clara M. Harlep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 23rd (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 14th, 40, to June 23rd, 1940

I last saw him alive on June 21st, 1940; death is said to have occurred on the date stated above, at 7 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Hypocardiac Insuff.	1940
Coronary Thrombosis	6/23/40

Other **Contributory Causes** of importance:

Name of operation Date of

Whet test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death wes due to externat causes (VIOLENCE) filt in atso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceasad? No.

If so, specify

(Signed) Frank E Shipley M. D.

(Address) Savage, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

06181

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel Co.

City or town: Annapolis, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel Co.

City or town: Eastport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 406 Third Street
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: James Augustus Brown, Sr.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Annie Elizabeth Brown

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 2, 1874

8. AGE: Years	Months	Days	If less than one day
66	6	27	hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Proprietor of tavern for self

11. Industry or business:

FATHER — 12. Name: Edward Brown
13. Birthplace: Maryland

MOTHER — 14. Maiden name: Jane Lowman
15. Birthplace: Maryland

16. Informant: James A. Brown, Jr.
Address: 406 Third St., Eastport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Bluff Cemetery
Location: Annapolis, Md.

18. Funeral director: John M. Taylor
Address: Annapolis, Maryland

19. June 30 1940 (Date rec'd by registrar) J. M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/29/40 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to June 29 1940, and that I last saw him alive on 6/29/40 at 8 o'clock A.M. 1940.

Immediate cause of death	DURATION
Coronary occlusion.	
Due to arteriosclerosis (generalized)	?
diabetes mellitus	?
Due to chron. nephritis (glomerular	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel Barouch M.D.
M. D. or other
Address: Hotel Md. Belvedere Date signed: 6/29/40

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JUL 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16)

CERTIFICATE OF DEATH

06182

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 7 mos 14 days
Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 737 Sarah Ann Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Unknown

3. (a) FULL NAME: BERTIE BRUNNER (BROMWELL)

3. (b) Social Security Number: -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	married

6 (b) Name of husband or wife: xxx Charles Brunner

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1878

8. AGE: Years	Months	Days	If less than one day
62	Unknown		---- hrs. ---- min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Unknown
11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/25-40 (month) (day) (year)
Cemetery or crematory: Hospital Cem
Location: Crownsville Md
18. Funeral director: Supt
Address:

19. June 25 1940 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18th 1940, at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4th 1938, to June 18th 1940
and that I last saw her alive on June 18th 1940

Immediate cause of death	DURATION
Tubercular spondylitis	
Due to	
Due to	
Other conditions: Senility	

(Include pregnancy within 3 months of death)
Major findings: ------
Of operations:
Of autopsy: ----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of:
Where did injury occur? ---- (City or town) ---- (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: ----- Injured at work?

23. SIGNATURE: Albert J. Stinebroder M. D. or other
Address: Crownsville, Md. Date signed 6/18/40

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1646)

06183

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County ANNE ARUNDEL.

City or town ANNAPOLIS, MARYLAND.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 Year

2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) Vermillion

State Indiana County Unknown

City or town Dana Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. --
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR --

3. (a) FULL NAME BURNETT, Donald Otis.

3. (b) Social Security Number Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White-US.	Single.

8 (b) Name of husband or wife --

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 9 December, 1908.

8. AGE:

Years	Months	Days	If less than one day
31	6	7	____ hrs. ____ min.

9. Birthplace Indiana (Town, county, and state)

10. Usual occupation Mariner

11. Industry or business U.S. Navy.

FATHER
12. Name Fred J. BURNETT,
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant U.S.Navy Records.

Address U.S.S.REINA MERCEDES, Annapolis, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof June 19 1940 (month) (day) (year)

Cemetery or crematory Unknown

Location Dana, Indiana

18. Funeral director B.L.Hopping

Address Annapolis, Md.

19. 6-18-40 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 11:20 M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ Post-mortem to Examination

~~and last saw deceased alive on~~ ____ 19____.

Immediate cause of death	DURATION
Drowning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 6/16/40

Where did injury occur? Severn River near Annapolis
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) jumped off Severn River Bridge

Means of injury drowning Injured at work? no

23. SIGNATURE John M. Claffy Deputy medical examiner
M. D. or other

Address Annapolis Md Date signed 6/17/40

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (168) CB 06184

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:
County Anne Arundel
City or town near Ft. Meade
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State District of Columbia County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1418 Foxhall Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella Carroll

3. (b) Social Security Number

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced married
B (b) Name of husband or wife Frederick H. Carroll
6(c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) Feb-18, 1904

8. AGE: Years 36 Months 4 Days 5 If less than one day ___ hrs. ___ min.

8. Birthplace Washington D.C.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business own Home
FATHER 12. Name Charles Whitford
13. Birthplace Washington D.C
MOTHER 14. Maiden name Blanch Maxwell
15. Birthplace Washington
16. Informant Miss Mary M. Roberts
Address 1418 Foxhall Rd. Washington, DC.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Absent June 16, 1940. (month) (day) (year)
Cemetery or crematory Lenknow —
Location Washington. D.C.
18. Funeral director Thomas W. Singleton
Address Glen Burnie Md.
19. June 23 1940 (Date rec'd by registrar) Matilda R. DeAlba Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post mortem Examination
and that I last saw h ___ alive on June 23 1940.
Immediate cause of death Asphyxiation
Due to Carbon monoxide gas.
Due to Homicidal. C.W.G.R.
Autopsy by Dr. Howard J. Maldeis.
Other conditions Baltimore County coll.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy findings to be reported

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide pending further investigation Date of
Where did injury occur by police near Ft. Meade - Laurel - Ft Meade Rd
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Highway A.A. Co.
Means of injury as mentioned above Injured at work? no
Autopsy by Howard J. Maldeis. M.D.
23. SIGNATURE John M. Claffy Deputy medical examiner M.D. or other
Address Annapolis Date signed 6/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

06185

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County A. A.
City or town Skidmore
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 4 hrs.
Stay in this community (yrs., or mos., or days) ~~4 hrs.~~

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County A. A.
City or town Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Emergency Hospital
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillie Mary Colbert

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem	Colored	widow

6 (b) Name of husband or wife Richard Colbert
6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct. 6 1896

8. AGE: Years	Months	Days	If less than one day
43	8	4	hrs. min.

9. Birthplace Annapolis (Town, county, and state)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Jonas Green
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden name Alice Murray
15. Birthplace Skidmore

16. Informant Geraldine Colbert
Address Skidmore

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12/40 (month) (day) (year)
Cemetery or crematory Broadneck.
Location A. A. Co.
18. Funeral director J. B. Johnson
Address Annapolis

19. 6-12 1940 (Date rec'd by registrar) J. J. Murphy Registrar.

MEDICAL CERTIFICATION Physician

20. DATE OF DEATH June 10 1940, at 1230 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 10 1940, and that I last saw h er alive on June 9 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Hemorrhage

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. M. Rieckel M. D.
M. D. or other
Address 1 Monroe St, Annapolis Date signed June 10, '40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

06186

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8yr. 6mo.

Stay in this community (yrs., or mos., or days): 8yr. 6mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME: Franklin P. Croxon

3. (b) Social Security Number: ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife: Lillie Croxon

6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): 1885

8. AGE: Years	Months	Days	If less than one day
55	Unknown		--- hrs. --- min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ---

FATHER 12. Name: John W. Croxon

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sidney F. Lewis

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. Buried (Burial, cremation, or removal. Which?) Date thereof: June 13, 1940 (month) (day) (year)

Cemetery or crematory: Union M.E. Cemetery

Location: Aberdeen, Maryland

18. Funeral director: Henry Tarring & Sons

Address: Aberdeen, Maryland

19. 6/10/40 (Date rec'd by registrar) 19--- E J Joyce (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10th 19 40, at 12:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10th 19 31, to June 10th 19 40, and that I last saw him alive on June 10th 19 40.

	DURATION
Immediate cause of death: Generalized Arteriosclerosis	
Due to: Chronic Nephritis	
Due to:	
Other conditions: ---	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ---

Of autopsy: ---

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work? ---

23. SIGNATURE: Chas. J. Stoltzfus M. D. or other

Address: Crownsville, Md. Date signed: 6/10/40

RECEIVED
JUL 5 1940
BUREAU V. S.

2 PM Monday
Mt Zion — 2 130 (125)

06187

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Winchester
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 1/2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County A A Co.

City or town Winchester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Brooklyn Cullumber

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Emma A. Cullumber

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Oct 5 1851

8. AGE: Years 88 Months Days 10 If less than one day hrs. min.

9. Birthplace Calvert County
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Brooklyn Cullumber
13. Birthplace Calvert County

MOTHER
14. Maiden name Sarah Jane Tucker
15. Birthplace Calvert Co.

16. Informant Allen Cullumber
Address Winchester Annapolis RFD 2

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 17, 1940
(month) (day) (year)

Cemetery or crematory Mt Zion Cemetery

Location Mt Zion Md.

18. Funeral director T. A. Hardisty & Son

Address Galesville, Md.

19. June 17 1940. J. [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 , at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death Myocarditis & Myocardial Insufficiency

Due to Chronic myocarditis. Duration: 3 years. Arteriosclerosis C.W.S.R.

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

DURATION
Unknown
Unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Baul
M. D. or other

Address Annapolis Md Date signed 6-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2

Sunpapers
Capital

Allen Cullumber - Winchester

Rev Gross + Moore

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 52-B

Reg. Dist. No. 21

CERTIFICATE OF DEATH

06188

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Pasadena
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County A. A.

(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Boyer Davis

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Robert H. Davis

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1867

8. AGE: Years 73 | Months 3 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Ottumwa, Iowa
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Abner D. Boyer
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Ann Pomroy
15. Birthplace Ottumwa, Iowa

16 (a) Informant Mrs. Wm. Everett
(b) Address Pasadena, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6-25-40 (month) (day) (year)
(c) Cemetery or crematory Perkins Chapel
Location Prince George Co., Md.

18 (a) Funeral director Lloyd Kaiser
(b) Address Laurel, Md.

19 (a) 6-22 (Date rec'd by registrar) (b) L. A. Brent Registrar

MEDICAL CERTIFICATION

20. Date of death June 22 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1939, to June 22 1940, and that I last saw him alive on June 20 1940.

Immediate cause of death (terminal) Cerebral hæmorrhage — Duration 4 days

Due to Arteriosclerosis

Due to Primary carcinoma of bladder (operate

Other conditions Metastatic carcinoma 3 mos. of abdominal organs
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. A. Brent M. D.
M. D. or other

Address Pasadena Date signed 6-22-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

96189

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): Unknown

Stay in this community (yrs., or mos., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Annapolis County: A. A.

City or town: Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Acton Place
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Unknown Decker

3. (b) Social Security Number:

4. Sex: Unable to Determine

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Still born

6 (b) Name of husband or wife: ✓

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Stillborn June 16, 1940

8. AGE: Years | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace: Annapolis Md
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Stiles Morrow Decker

13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Lucie Randolph Smith

15. Birthplace: Washington D.C.

16. Informant: Lucie R. Decker

Address: Annapolis, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof June 16 1940 (month) (day) (year)

Cemetery or crematory: Emergency Hospital

Location: Annapolis, Md.

18. Funeral director: Unknown

Address

19. June 16 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 6.58 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Unknown 19__ to 19__, and that I last saw h__ alive on June 16 1940

Immediate cause of death: Stillborn

DURATION

Due to: Premature separation placenta

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Unknown

Of autopsy: Unknown

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Willis Martin M. D.
M. D. or other

Address: Annapolis Md Date signed 6/16/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06190

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 110 Prince Geo. St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa. County:
City or town: ~~Washington D.C.~~
(If outside city or town limits, write RURAL and give nearest town)
Street No.: ~~100 S. Park Drive Arlington Va~~
(If rural, give LOCATION)
2.(a) If veteran, name war: Johnstown

3.(a) FULL NAME: James Dixon
3.(b) Social Security Number: no

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Divorced
6.(b) Name of husband or wife: Norma Dixon
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Feby 22d 1882

8. AGE: Years 58 | Months 4 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace: Johnstown Penn. (Town, county, and state)
10. Usual occupation: Traveling Salesman for himself
11. Industry or business:
FATHER 12. Name: David Dixon
13. Birthplace: England
MOTHER 14. Maiden name: Jane Ann Anderson
15. Birthplace: England
16. Informant: Edith May Dixon Clark
Address: 100 S. Park Drive Arlington Va
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 30-40 (month) (day) (year)
Cemetery or crematory:
Location: Johnstown Penn.
18. Funeral director: John M. Taylor
Address: Annapolis Md.
19. June 28th 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1940 at 5 48 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended the~~ Post mortem Examination
~~and that I last saw him alive on~~ June 26 1940

Immediate cause of death	DURATION
Coronary Thrombosis	sudden
Due to	
Due to Arterial Hypertension	unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work?: —

23. SIGNATURE: John M. Claffy Deputy medical examination M.D. or other
Address: Annapolis Md Date signed: 6/28/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06191

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Davidsonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: A.A.
City or town: Davidsonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Oden Bowie Duckett

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

B (b) Name of husband or wife: Estella Bird Duckett
6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Apr. 15, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	23	hrs. min.

9. Birthplace: A.A. Co. Md.
(Town, county, and state)
10. Usual occupation: farmer
11. Industry or business: own farm

FATHER
12. Name: Thomas Allen Duckett
13. Birthplace: Prince Georges Co. Md

MOTHER
14. Maiden name: Lucinda Sellman
15. Birthplace: A.A. Co. Md

18. Informant: O.B. Duckett Jr.
Address: Davidsonville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 10th 1940 (month) (day) (year)
Cemetery or crematory: All Hallows
Location: Davidsonville Md
18. Funeral director: Julian M. Sayler
Address: Annapolis Md.

19. June 8 1940 (Date rec'd by registrar) Carrie L. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 2:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 1 1940, to June 8 1940, and that I last saw him alive on June 7 1940.

	DURATION
Immediate cause of death: Coronary occlusion.	
Uremia	
Due to: Arteriosclerotic heart disease	
Due to: Generalized arteriosclerosis	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. H. Fidler M.D.
M. D. or other
Address: Davidsonville Md Date signed: 6-8-40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-L)

CERTIFICATE OF DEATH

06192

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Ferndale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Anne Arundel
City or town: Ferndale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Vista Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Gertrude A Dunn

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Andrew B Dunn
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 5 1890

8. AGE: Years	Months	Days	If less than one day
49	11	4	hrs. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business

FATHER
12. Name: John T Hoy
13. Birthplace: Ireland

MOTHER
14. Maiden name: Harriet Elsroade
15. Birthplace: Balto Co

16. Informant: Miss Mary E Hoy
Address: Ferndale A A Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12-40 (month) (day) (year)
Cemetery or crematory: Louden Park
Location: 3804 Frederick Ave

18. Funeral director: William M. Marech
Address: 715 Light St

19. June 11 19 40 Ida M. Whitman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1940, 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 9 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death	DURATION
Coronary Occlusion	
Due to	
Due to	
Other conditions: Chronic Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Winslow Smith, M.D.
M. D. or other
Address: Glen Burnie
Date signed: 6/9/40

RECEIVED
JUN 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (3)

06193

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County A.A.
City or town Annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County A.A.
City or town Annapolis, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 321 West Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Elliott

3. (b) Social Security Number None

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 21 1940
8. AGE: Years | Months | Days | If less than one day hrs. min.
9. Birthplace Annapolis (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Edward Elliott
13. Birthplace Mayo, Md
MOTHER 14. Maiden name Zella Burges
15. Birthplace Mayo, Md,
16. Informant Edward Elliott
Address 321 — West St Annapolis,
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 22 1940 (month) (day) (year)
Cemetery or crematory St Andrews
Location Mayo, Md.
18. Funeral director B.L.Hopping
Address Annapolis, Md.
19. 6 21 1940 (Date rec'd by registrar) J J Murph Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21st 1940, at 10 30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,
and that I last saw h alive on 19 .
Immediate cause of death still born
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. T. Russell M.D. M. D. or other
Address Eastport, Md Date signed 6-22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH (8)

State File No. 06194
Registrar's No. 27

State of Maryland

1. PLACE OF DEATH:
(a) County Anne Arundel
(b) City or town Ft. George G. Meade, Md. (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Station Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits, write RURAL)
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) FULL NAME Carl James Ettare
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 15th (Day) 1940 (Year)

8. AGE: Years Stillbirth | Months | Days | If less than one day: ____ hr. ____ min.
Pregnancy, 7 months

9. Birthplace Ft. Geo. G. Meade (City, town, or county) Md. (State or foreign country)
10. Usual occupation ____
11. Industry or business ____

MOTHER / FATHER
12. Name Anthony Carl Ettare
13. Birthplace Oil City (City, town, or county) Penna. (State or foreign country)
14. Maiden name Maryella Elizabeth Painter
15. Birthplace Stanley (City, town, or county) Va (State or foreign country)

16. (a) Informant's own signature Anthony Carl Ettare
(b) Address Ft. George G. Meade, Md.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1940 (Month) (Day) (Year)
(c) Place; burial or cremation Ft. Geo. G. Meade, Md.
18. (a) Signature of funeral director Post Quartermaster
(b) Address Ft. George G. Meade, Md.
19. (a) June 15/40 (Date received local registrar) (b) W. P. Card (Registrar's signature)
D. P. CARD, Col., M. C.

MEDICAL CERTIFICATION

20. Date of death: Month June day 15
year 1940 hour ____ minute ____
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__:
that I last saw h__ alive on ____, 19__:
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
No Fetal movements for 10 days	
No Fetal heart sounds on admission.	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature SIDNEY N. GHOLSEN, 1st Lt, M.C. (M.D., or other)
Address Ft. Geo. G. Meade, Md. Date signed June 15/40

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

RECEIVED
JUL 5 1910
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06195

1. PLACE OF DEATH (93-d)

County Md A. A. Registration Dist. No. 21

Village or City anapolis No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaw Fado

(a) Residence: No. 717 S Curley Md. St., Ward. Baltimor Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wanda Fado

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Unknown

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME ✓

14. BIRTHPLACE (city or town) (State or country) ✓

MOTHER

15. MAIDEN NAME ✓

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT (Address): Agnes Hopkins, Arundel Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: 7/2, 1940

19. UNDERTAKER (Address): John J Duda, 2824 Hudson St

20. FILED: 6 28, 1940 J J Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940 to June 28, 1940

I last saw him alive on June 28, 1940; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive C V D Disease	?

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Leuhardt Md M. D.

(Address) 102 Chesapeake Ave. Eastport, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

06196

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County A. A.

City or town Annapolis Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 109 Fir Pine St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Tandree

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6th 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Annapolis Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Harry L. Tandree

13. Birthplace Va

MOTHER 14. Maiden name Winnie Kirchner

15. Birthplace Lambuth 9.9.6 Md.

16. Informant Harry L. Tandree

Address Fir Pine St. Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8-1940 (month) (day) (year)

Cemetery or crematory St Marys

Location Annapolis Md

18. Funeral director John M. Taylor

Address Annapolis Md

19. 6/8th 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to June 6 1940, and that I last saw her alive on June 6, 1940.

	DURATION
Immediate cause of death Stillborn Baby	
Due to Pre-Mature Separation	
Due to Placenta Previa	5 Days
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Albert L Anderson M. D. or other

Address Annapolis, Md. Date signed 6 Sept 40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

06197

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 14 yrs. 9 mos. 21 days

Stay in this community (yrs., or mos., or days): ----

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Almshouse Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: --------

3. (a) FULL NAME: ELIZABETH FRENCH

3. (b) Social Security Number: --------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	black	Unknown

6 (b) Name of husband or wife: -----

6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): 1880

8. AGE:

Years	Months	Days	If less than one day
60	Unknown		hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. burial (Burial, cremation, or removal. Which?) Date thereof: 6/8/40 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Crownsville Md

18. Funeral director: Supt

Address: Crownsville Md

19. 6/8/40 (Date rec'd by registrar) 19 E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4th 1940, at 9:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A.M. August 13th 1925, to June 4th 1940, and that I last saw her alive on June 4th 1940.

Immediate cause of death: Epilepsy

Due to:

Due to:

Other conditions: ------

(Include pregnancy within 3 months of death)

Major findings: -----

Of operations:

Of autopsy: -----

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: Injured at work? ----

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 6/4/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (1312)

06198

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: A. A.
City or town: Townsneck.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: A. A.
City or town: Townsneck. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Helen Giles

3. (b) Social Security Number

4. Sex: Fem
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James Giles
6(c) If alive, give age: 49 years
7. Birth date of deceased (mo., day, yr.): May 29 1899
8. AGE: Years: 40 (41) Months: Days: 27 (23) If less than one day: hrs. min.
9. Birthplace: Va. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER: 12. Name: Alfred James
13. Birthplace: Va.
MOTHER: 14. Maiden name: Emma James
15. Birthplace: Va.
16. Informant: Charles Giles
Address: Townsneck.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 25/40 (month) (day) (year)
Cemetery or crematory: Mt Calvary
Location: Baltimore, Md.
18. Funeral director: J. B. Johnson
Address: Annapolis Md
19. J. Murphy (Date rec'd by registrar) 19 J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/19/40 19 to 6/22/40 and that I last saw her alive on 6/21/40 19

Immediate cause of death: Coronary Thrombosis — DURATION: unknown
Due to
Due to
Other conditions: Chronic Intrst. Nephritis; Arteriosclerosis; Myocarditis — unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John J. Alexander M. D. or other
Address: Glen Burnie Date signed 6/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06199

1. PLACE OF DEATH (77)

County Anne Arundel County — Registration Dist. No. 22

Village or City Jessup; Md. — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daeth occurred 19 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Gohl — Gohl

(a) Residence: No. Jessups Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Clara A. Gohl

6. DATE OF BIRTH (month, day, and yaar): April 9-1863

7. AGE	Yaars	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	87	2	7	

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Baker

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.: Self-

10. Data deceased last worked at this occupation (month and yaar): about 1930

11. Total time (years) spent in this occupation: 30yrs

12. BIRTHPLACE (city or town) (State or country): Harrisburg. Pa

FATHER

13. NAME: Christian Gohl

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Hesta Perkins, Jessup Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Data June 19, 1940

19. UNDERTAKER (Address): Melton & Schilling 1122 E. Monument St

20. FILED June 16, 1940 — Elara M Haslup, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16, (Day) 1940. (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940, to June 16, 1940

I last saw him alive on June 15th, 1940; death is said to hava occurred on tha date stated above, at 9 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteris-sclerosis.	1939
Heart. Block	1939.

Other Contributory Causes of Importanca:

Name of operation ____ Dete of ____

What test confirmed diagnosis? Clin. Was thera an autopsy? No,

23. If daath was dua to extarnal causes (VIOLENCE) fill in also tha following:

Accident, suicida, or homicida? ____ Data of injury ____, 19____

Whare did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was diseasa or injury in any wey related to occupation of deceesed? ____

If so, specify ____

(Signed) Frank Shipley M. D.

(Address) Savage, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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JUN 22 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (110-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 days

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: At Large Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1412 Mulliken St., Baltimore, Md (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: ALLEN GREEN

3. (b) Social Security Number: -------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	single

6 (b) Name of husband or wife: ----------

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1922

8. AGE: Years: 18 Months: Unknown Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: General

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/22,40 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Crownsville Md -

18. Funeral director: Supt.
Address: Crownsville

19. June 22 1940 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14th 1940, at 1:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A.M June 8th 1940, to June 14th 1940, and that I last saw him alive on June 14th 1940.

Immediate cause of death: Broncho pneumonia

Due to: Pleuritis exudation

Due to:

Other conditions: Manic Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ------
Of autopsy: -----

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of:

Where did injury occur? (City or town) (County) (State) -----

Injured at home, farm, industry, public place (where?): ------

Means of injury: Injured at work? ------

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 6/1440

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940

06201

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-P)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Cronsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cronsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 9 months, 10 d.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1107 Gilmore
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Helen Gulliver

3. (b) Social Security Number:

4. Sex: f
5. Color or race: col.
6. (a) Single, married, widowed, or divorced: wid.
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): unknown
8. AGE: Years: 38? Months: Days: If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business:
FATHER
12. Name: Frank Smith
13. Birthplace: Md
MOTHER
14. Maiden name: Lissie Green
15. Birthplace: Md
16. Informant: Records of Hospital
Address:
17. Burial (Burial, cremation, or removal, which) Date thereof: June 10, 1940 (month) (day) (year)
Cemetery or crematory: St Peters Cmty
Location: Balto Md
18. Funeral director: George T. A. Gibson Sr
Address: 1735 Druid Hill Ave
19. 6/7 1940 (Date rec'd by registrar) E. F. Joyce D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6. 1940, at 10 pm
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8.25. 1939, to 6.6. 1940, and that I last saw her alive on 6.6. 1940.
Immediate cause of death: general paresis
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: minimum 2½ years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Date signed:

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

06202

CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Elmhurst
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: A. A.
City or town: Elmhurst near Severn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Old U.B.&A. Trackbed.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Barbara Ellgenia Harwood
3. (b) Social Security Number: None

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Frank William Harwood
Dead — 6(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): Jan. 30, 1870.
8. AGE: Years: 70 | Months: 5 | Days: 5 | If less than one day: hrs. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business: own home
FATHER — **12. Name:** Frank Winter
13. Birthplace: Bavaria
MOTHER — **14. Maiden name:** Anna Marie Hinkel
15. Birthplace: Bavaria
16. Informant: Russell F. Harwood
Address: Severn, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8, 1940. (month) (day) (year)
Cemetery or crematory: Most Holy Redeemer
Location: Baltimore, Md.
18. Funeral director: Thomas W. Pingleton
Address: Glen Burnie, Md.
19. June 7 1940 (Date rec'd by registrar) Mildred Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5, 1940, at 3:00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15, 1940, to June 5, 1940, and that I last saw h e r alive on June 4, 1940.

Immediate cause of death: Acute heart failure — DURATION: 1 day
Due to: Arteriosclerosis — 1 yr.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Dt operations: None
Dt autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: None — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Harry M. Moore Jr M.D.
M. D. or other
Address: Glen Burnie, Md. Date signed: June 5, 1940

RECEIVED
JUL 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

06203

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 years

Stay in this community (yrs., or mos., or days): same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Long Green Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Phoebe Hawkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
58?	?	?	? hrs. ____ min.

9. Birthplace: Maryland (town, county, and state)

10. Usual occupation: domestic

11. Industry or business: none

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name: unknown
15. Birthplace

16. Informant: Hospital Records

Address: Crownsville Maryland

17. Burial (Burial, cremation, or removal, Which?) Date thereof 6-6-40 (month) (day) (year)

Cemetery or crematory: Mt. Zion

Location: Long Green Md.

19. Funeral director: Mrs S. T. Hemsley

Address: 578 W. Biddle St. Baltimore

19. 6/2 40 (Date rec'd by registrar) 19 E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2nd 1940, at 1:20 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4. 1938, to June 2. 1940, and that I last saw her alive on June 1. 1940.

Immediate cause of death: Bronchopneumonia

Due to: General debility

Due to: Generalized Arteriosclerosis

Other conditions: Left Hemiplegia Duration: ten days

Primary cause: Cerebral hemorrhage. C.W.G.R.
(Include pregnancy within 3 months of death)

Major findings: ---------

Of operations: ---------

Of autopsy: ---------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ------

Means of injury: Injured at work?

23. SIGNATURE: Robert T. Winfrodz M. D. or other

Address: Date signed

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

06204

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County: Anne Arundel
City or town: Churchton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 4 mos. 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Churchton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Shady Side Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Melvin Lowell Holland

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	negro	single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jany. 28. 1940

8. AGE: Years | Months: 4 | Days: 9 | If less than one day: — hrs. — min.

9. Birthplace: Churchton. Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name: James Holland
13. Birthplace: Churchton. Md

MOTHER
14. Maiden name: Hilda Brown
15. Birthplace: Churchton Md

16. Informant: James Holland
Address: Churchton. Md

17. Brown Cem Burial (Burial, cremation, or removal. Which?) Date thereof: June 7-1940 (month) (day) (year)
Cemetery or crematory: Brown Cem
Location: Churchton Md

18. Funeral director: T. A. Hardesty & Son
Address: Galesville

19. June 7 1940 (Date rec'd by registrar) T. B. Dent. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 3:30 P. M

21. I CERTIFY that death occurred on the date above stated: ~~at~~ ~~and that I last saw~~ ~~alive on~~ Post mortem & examination 19

Immediate cause of death	DURATION
Asphyxia (accidental)	
Due to	
Tetany (convulsion)	
Due to	
Other conditions: Improper feedings	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 6/6/40
Where did injury occur? Churchton (City or town) A.A. (County) Md (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: smothered in bed Injured at work? —

23. SIGNATURE: John M. Caffy Deputy Medical Examiner M.D. or other
Address: Annapolis Md Date signed: 6/4/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (45-D)

06205

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County: A. A.
City or town: Brownswood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: A. A.
City or town: Brownswood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth Hunt,
3. (b) Social Security Number

4. Sex: Fem
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
8 (b) Name of husband or wife: Gilbert Hunt
6(c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): Sept. 16 1872
8. AGE: Years 67 Months 8 Days 7 If less than one day ___ hrs. ___ min.
9. Birthplace: Calvert Co.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: Washington Elsy
13. Birthplace: Princes Anne
MOTHER 14. Maiden name: Annie Blake
15. Birthplace: Calbert Co.
16. Informant: Elnora Weems
Address: Oliver, Calvert Co.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 26/40 (month) (day) (year)
Cemetery or crematory: Broadneck.
Location: A. A.
18. Funeral director: J. B. Johnson
Address: Annapolis
19. 6 26 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940, at 5:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1940, to June 23 1940, and that I last saw her alive on June 21 1940.

	DURATION
Immediate cause of death: Chr. myocarditis	6 mos.
Due to: Marked secondary anaemia	1 yr.
Due to: Huge dentigerous cyst c	
Other conditions: malignant changes	25 yrs.

Carcinoma. Primary in mandible or
(Include pregnancy within 3 months of death)
Major findings: lower jaw. Entire mandible involved. C.W.S.R.
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Maurice F. Klawans, M.D. or other
Address: 31 Smithgate av Date signed: 6/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06206

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Aa

City or town: East port
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 308 Chester Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: aa

City or town: East port Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 308 Chester Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Jackson

3. (b) Social Security Number

4. Sex: M

5. Color or race: Bol

6. (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 4, 1940

8. AGE: Years | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: East port Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Jas. Wm Jackson
13. Birthplace: East port

MOTHER
14. Maiden name: Myette Shattaton
15. Birthplace: Phila. Pa

16. Informant: Myette Jackson
Address: East port Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4 40 (month) (day) (year)

Cemetery or crematory: aaoo

Location: East port

18. Funeral director: Jas Wm Jackson
Address: East port Md

19. 6-4 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1940, at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: No Doctor present

Due to: 3 mos mis carriage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury ____ Injured at work?

23. SIGNATURE: J J Murphy (Registrar) M.D. or other

Address: Annapolis Md Date signed 6 4 40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-c)

06207

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: H. A.

City or town: Annapolis.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: H. A.

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha A. Johns

3. (b) Social Security Number

4. Sex: Fem

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

B (b) Name of husband or wife: John H. Johns

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Sept. 26 1878

8. AGE: Years: 61 Months: 9 Days: 9 If less than one day: hrs. min.

9. Birthplace: Rutland, A. A.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William Goodrich
13. Birthplace: A. A.

MOTHER
14. Maiden name: Jennie Brandford
15. Birthplace: A. A.

16. Informant: Hattie Sorrell

Address: Porole Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2 1940 (month) (day) (year)

Cemetery or crematory: Mt Tabot

Location: A. A.

18. Funeral director: J. B. Johnson

Address: Annapolis

19. 7/2 1940. (Date rec'd by registrar) J. H. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1940, to June 28 1940, and that I last saw her alive on June 28 1940

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other conditions: Hypertrophy of Heart; Dilatation of Heart
(Include pregnancy within 3 months of death)

Major findings: Nephritis (acute Glomerular)

Of operations:

Of autopsy: No

DURATION: Sec. June 26 1940; 1940; 1940; 1940; 1940

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Albert L. Anderson MD M. D. or other

Address: Annapolis, Md. Date signed: 7/1/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06208

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): ~~Stillborn~~ 3 hours

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: a a

City or town: Sudley Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Premature Baby King

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 11, 1940

8. AGE: Years: — Months: — Days: — If less than one day: 4 hrs. 40 min.

9. Birthplace: Annapolis Maryland (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Irving King

13. Birthplace: Calvert Co Maryland

MOTHER

14. Maiden name: Minnie May King

15. Birthplace: Anne Arundel Co Md

16. Informant: Hosp Records

Address: Annapolis Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6 13 40 (month) (day) (year)

Cemetery or crematory: St James Court

Location: Tracy Landing

18. Funeral director: T. A. Hardesty

Address: Galesville Md

19. 6 12 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1940, at 4 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1940 to June 12 1940, and that I last saw him alive on July 11 1940.

Immediate cause of death:

Due to: Premature Birth

Due to: 7 mos

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Emily H. Wilson, M.D. M. D. or other

Address: Lothian, Md Date signed: 6/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06209

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: A.A.

City or town: Rural Near Annapolis,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1012 West St Extended

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 63 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A.A.

City or town: Rural near Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1012 West St Extended
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mabel Hanlon King

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife: James King

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 12 1875

8. AGE:

Years	Months	Days	If less than one day
64	11	18	hrs. min.

9. Birthplace: Annapolis
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business:

FATHER
12. Name: Samuel Hanlon
13. Birthplace: Maryland

MOTHER
14. Maiden name: Willie Ridout Weedon
15. Birthplace: Maryland

16. Informant: Mabel Audrey Colburn
Address: 1012 West St Extended

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 4 1940 (month) (day) (year)

Cemetery or crematory: Cedar Bluff

Location: Annapolis

18. Funeral director: B.L.Hopping
Address: Annapolis, Md.

19. 6 4 1940 (Date rec'd by registrar) J. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1st 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to June 1 1940, and that I last saw her alive on May 31st 1940.

Immediate cause of death: Myocarditis & Myocardial Snuffening (Chr)

Due to: Arterio Sclerosis

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: 2 years unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George C Bond
M. D. or other
Address: Annapolis Md Date signed: 6-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

06210

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Mt Pleasant Beach
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: A A Co

City or town: Mt Pleasant Beach Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Mt Pleasant Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary King

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Winfield Scott King

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 17 1876

8. AGE: Years 64 | Months 3 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Balto
(Town, county, and state)

10. Usual occupation: Housework at home

11. Industry or business

FATHER
12. Name: George T Nippard
13. Birthplace: Md

MOTHER
14. Maiden name: Marianda Snyder
15. Birthplace: Md

16. Informant: Mr Winfield S King
Address: Mt Pleasant Beach

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 18/40 (month) (day) (year)

Cemetery or crematory: Marianda Mem. Church Cemetery Calvert Co Md

Location

18. Funeral director: William M Mareck
Address: 715 Light St

19. June 15 1940 (Date rec'd by registrar) McDe Alba Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15 1940, at 6 40 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/8/40 19 ____, to 6/15/40 19 ____, and that I last saw her alive on 6/14/40 19 ____.

Immediate cause of death: Cerebral hemorrhage

Due to: Chronic Interstitial Nephritis

Due to: Myocarditis Chronic Endocarditis

Other conditions: Adenomatous goitre
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 day

Unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: John J Alexander
M. D. or other

Address: Glen Burnie Date signed 6/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-d)

06211

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cor. Washington & Northwest Sts

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cor Washington & Northwest Sts
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elmira Lane

3. (b) Social Security Number: None

4. Sex: female

5. Color or race: negro

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Lane

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): April 1, 1900.

8. AGE: Years: 40 Months: 2 Days: 24 If less than one day: hrs. min.

9. Birthplace: Annapolis Md
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: Dave Primey
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Wells
15. Birthplace: Maryland

16. Informant: Sarah Wells
Address: 1019 Smithville St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 28/40 (month) (day) (year)

Cemetery or crematory: Asbury

Location: Smithville near Annapolis

18. Funeral director: B L Happney

Address: Annapolis Md

19. 6/28 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1940, at M

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ Post mortem Examination ~~and that I last saw him or her alive on~~ June 25 1940

Immediate cause of death: Chronic Alcoholism ~~Due to~~ Acute dilatation of Heart

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION: 8 yrs. Sudden

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: John M. Claffy Deputy medical examiner M. D. or other

Address: Annapolis Md. Date signed: 6/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AID

RECEIVED
JUL 5 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

06212

Reg. Dist. No. 31

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 14 yrs. 8 mos. 13 das
Stay in this community (yrs., or mos., or days): -------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Unknown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: BELLE LEE

3. (b) Social Security Number: -------

4. Sex: female
5. Color or race: black
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Anderson Lee
6(c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): 1891
8. AGE: Years: 49? Months: Unknown Days: If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: General
FATHER 12. Name: Unknown
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/19-40 (month) (day) (year)
Cemetery or crematory: Hospital
Location: Crownsville Md
18. Funeral director: Supt.
Address: Crownsville Md
19. 6/19 40 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15th 1940, at 5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2nd 1935, to June 15th 1940, and that I last saw her alive on June 15th 1940.
Immediate cause of death: Broncho pneumonia
Due to: Cerebral hemorrhage, cause of Duration: six weeks
Due to:
Other conditions: Generalized arteriosclerosis and left hemiplegia
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ------
Of autopsy: ------
DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: -- Date of: ----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: Injured at work? ---

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 6/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 21 6213

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 106 South St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Matilda Lomax

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas Lomax

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 90 Months: 90 Days: — If less than one day: hrs. min.

9. Birthplace: Waterberry Anne Arundel Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business: Housewife

FATHER
12. Name: Frank Addison
13. Birthplace: Waterberry Md.

MOTHER
14. Maiden name: Mary Johnson
15. Birthplace: Waterberry Md.

16. Informant: Maggie Parker

Address: 1832 6th St. N.W. Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6-28-40 (month) (day) (year)

Cemetery or crematory: Brewer Hill

Location: On Washington Rd. outside Annapolis Md.

18. Funeral director: Chas. H. Alexander

Address: 43-45 Northwest St. Annapolis Md.

19. 6/27 1940 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 19 , to June 25 1940, and that I last saw her alive on June 25 1940.

Immediate cause of death: Senility

Due to: General arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Willis Martin M.D. M. D. or other

Address: Annapolis Md Date signed: 6/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (85)

06214

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 years, 10 months
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 310 Park Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: EVELYN MAGEE
3. (b) Social Security Number: ------

4. Sex: Female
5. Color or race: black
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Gilbert Magee
6(c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): 1906
8. AGE: Years: 34 Months: Unknown Days: If less than one day: hrs. min.
8. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: ------
FATHER 12. Name: Orie Briggs
13. Birthplace: Maryland
MOTHER 14. Maiden name: Gertrude Sheppard
15. Birthplace: Maryland
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. Buried (Burial, cremation, or removal. Which?) Date thereof: 6/16/40 (month) (day) (year)
Cemetery or crematory: Federalsburg Cemetery
Location: Federalsburg, Maryland
18. Funeral director: J.J. Framptom & Son
Address: Federalsburg, Maryland
19. 6/3 1940 (Date rec'd by registrar) J.J. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13th 1940, at 9:15 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from A.M. August 12th 1937, to June 13th 1940, and that I last saw her alive on June 13th 1940.
Immediate cause of death: Status epilepticus
Due to
Due to
Other conditions: Epilepsy psychosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: -----
Of autopsy: ------
DURATION
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: --- Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ----
Means of injury: Injured at work: ----

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 6/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-6)

06215

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville State
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville
Stay in hospital or inst. (yrs., or mos., or days): 4 yrs. 8 mos. 20 days
Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2248 Madison Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: HENRY McCREA (Aaron Godfrey)

3. (b) Social Security Number: -------

4. Sex: Male
5. Color or race: black
6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: -------
6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): 1900

8. AGE: Years: 40 Months: Unknown Days: If less than one day: ___ hrs. ___ min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: General
FATHER 12. Name: Marty Godfrey
13. Birthplace: North Carolina
MOTHER 14. Maiden name: Lottie Duffy
15. Birthplace: North Carolina
16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-1-40 (month) (day) (year)
Cemetery or crematory: Mt Calvary Ct
Location: Ca-a Co Md
18. Funeral director: Isaiah L. Brown & Son
Address: 108 W Montgomery St

19. June 29 1940 (Date rec'd by registrar) E. F. Joyce D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27th 1940 1:45P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7th, 1935 19__, to June 27 1940, and that I last saw him alive on June 27th 1940.

Immediate cause of death: Pulmonary tuberculosis
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ------
Of autopsy: -----

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of:
Where did injury occur? ----- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ----
Means of injury: ---- Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Maryland Date signed: 6/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

06216

CERTIFICATE OF DEATH

Reg. Diat. No. 4/

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Anne Arundel Co
City or town: Annapolis Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL and give nearest town)
Street No. 54 Northwest St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Wessley McCully

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of ~~husband or~~ wife: Emma McCully
6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Feb. 12 1884

8. AGE: Years	Months	Days	If less than one day
56 56	4	9	...hrs. ...min.

9. Birthplace: Annapolis Anne Arundel Md.
(Town, county, and state)
10. Usual occupation: laborer
11. Industry or business:

FATHER
12. Name: Thomas McCully
13. Birthplace: Unknown

MOTHER
14. Maiden name: Adline Landen
15. Birthplace: Galloway Md.

16. Informant: Emma McCully
Address: 54 Northwest Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/24/40 (month) (day) (year)
Cemetery or crematory: Brewer Hill
Location: On Washington Rd. outside Annapolis Md.

18. Funeral director: Charles H. Alexander
Address: 43-45 Northwest Annapolis Md.

19. 6/22 1940 (Date rec'd by registrar) J. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21st 1940, at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20th 1940 to June 21st 1940
and that I last saw h[illegible] alive on June 21st 1940

Immediate cause of death	DURATION
Acute Myocarditis	2 days.
Due to	
Due to	
Other conditions: Arterial Hypertension	11 months

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. L. Richardson M. D. or other
Address: Annapolis Md. Date signed 6/21/40

RECEIVED
JUL 5 1940
BUREAU V. S.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 06217
Registrar's No. 22

46-F

State of Maryland

1. PLACE OF DEATH:
(a) County Anne Arundel
(b) City or town Camp Fort Meade (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Fort Meade Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Odenton (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Mrs Bessie May MERSON
3. (b) If veteran, name war _____
3. (c) Social Security No. NONE
4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Emery Merson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May (Month) 10 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	1	6	hr. _____ min.

9. Birthplace Balto Co. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
FATHER
12. Name John T King
13. Birthplace Balto Co. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Bryan
15. Birthplace Balto Co. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Merson
(b) Address Odenton Md A.A. Co.
17. (a) Bethel Cemetery (Burial, cremation, or removal) (b) Date thereof June 18/40 (Month) (Day) (Year)
(c) Place; burial ~~or cremation~~ Bethel Cemetery, Camp Meade
18. (a) Signature of funeral director The H. C. White Co., Inc.
(b) Address Laurel, Md.
19. (a) June 17 1940 (Date received local registrar) (b) W. S. Jones (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month June 16 day 1940
year _____ hour 3 A.M. minute
21. I hereby certify that I attended the deceased from May 1-40, 19__ to June 16, 1940
that I last saw her alive on June 14th, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Thrombosis	
Due to	
Due to	
Other conditions Carcinoma of Lung (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature John R Lipskey (M. D. or other)
Address _____ Date signed _____
Odenton Md June 16-40

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

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JUL 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 306

CERTIFICATE OF DEATH

06218

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 months, 24 days

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2106 Howard Street (If rural give LOCATION)

2(o) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: HOWARD MITCHELL

3. (b) Social Security Number: 217-05-5412

4. Sex	5. Color or race	6.(o) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or ~~wife~~ Nellie Mitchell

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): 1905

8. AGE: Years 35 | Months Unknown | Days | If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business: -----

FATHER
12. Name: Howard Mitchell
13. Birthplace: Maryland

MOTHER
14. Maiden name: Henrietta (Unknown)
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-18-40 (month) (day) (year)

Cemetery or crematory: Mt Calvary

Location: A.A. Co. Md.

18. Funeral director: Adolphus Halstead

Address: 918 918 Dundee Hill ave.

19. 6/16 (Date rec'd by registrar) 1940 E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14th 1940, 2:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from P.M. November 20th 1939, to June 14th 1940, and that I last saw him alive on June 14th 1940.

Immediate cause of death: General paralysis of the insane

Due to:

Due to:

Other conditions: Lues

(Include pregnancy within 3 months of death)

Major findings:

Of operations: -----

Of autopsy: ----

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ---- Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: Injured at work? ----

23. SIGNATURE: Albert P. Winkoods M. D. or other

Address: Crownsville, Md. Date signed: 6/14/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (164a)

CERTIFICATE OF DEATH

Reg. Dist. No. 06219

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 7 mos. 19 days
Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore City Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1233 West Bayard St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Unknown

3. (a) FULL NAME: WILLIAM MOLOCK
212-16-3020
3. (b) Social Security Number: Unknown

4. Sex: male
5. Color or race: black
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: ------
6(c) If alive, give age: ----- years
7. Birth date of deceased (mo., day, yr.): 1918
8. AGE: Years: 22 Months: Unknown Days: If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: General
FATHER 12. Name: Lewis Molock
13. Birthplace: Maryland
MOTHER 14. Maiden name: Olivia Butts
15. Birthplace: Maryland
16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6-23-40 (month) (day) (year)
Cemetery or crematory: Arbutus Memorial OR ~~Auburn Cemetery~~
Location: Baltimore Md.
18. Funeral director: Charles G. Cooper
Address: 514 N. Calhoun St. Balt. Md.
19. 6/21-40 (Date rec'd by registrar) 19 E. F. Joyce OR Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19th 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post-mortem 19, to Examination 19,
~~and that last saw the alive on~~ 19
Immediate cause of death: Suicide by hanging
Due to: Insanity
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 6/19/40
Where did injury occur? Crownsville (City or town) A.A. (County) Md. (State)
Injured at home, farm, industry, public place (where?): State Hospital
Means of injury: hanging Injured at work?
23. SIGNATURE: John M. Caffey Deputy medical examiner M. D. or other
Address: Annapolis Md Date signed: 6/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 24 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06220

Reg. Dist. No. 1

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 year 4 months
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1423 Pennsylvania Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: WM. C NALLE

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

8 (b) Name of husband or wife: Unknown
6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): 1900

8. AGE: Years	Months	Days	If less than one day
40	Unknown		---- hrs. ---- min.

9. Birthplace: Virginia
(Town, county, and state)
10. Usual occupation: Clerical
11. Industry or business: -----

FATHER
12. Name: Robert Nalle
13. Birthplace: Unknown

MOTHER
14. Maiden name: Alice (Unknown)
15. Birthplace: Virginia

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3, 1940 (month) (day) (year)
Cemetery or crematory: Crownsville, Va
Location:
18. Funeral director: Ernest James
Address: 1433 Maryland Ave. N.E. Wash. D.C.

7/1.40 19---- Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27th 1940, at 8:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28th 1939, to June 27 1940, and that I last saw him alive on June 27th 1940.

Immediate cause of death	DURATION
General Paralysis of the Insane	
Due to	
Due to Lues	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: ------
Of operations:
Of autopsy: ----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ------
Means of injury: Injured at work?

23. SIGNATURE: Harold Timberlake M. D. or other
Address: Crownsville, Md. Date signed: 6/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

Street Address

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06221

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs 0 mos. 8 days

Stay in this community (yrs., or mos., or days): 2 yrs 0 mos. 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 201 Myrtle Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward Pellam

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Mary Pellam

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1896

8. AGE: Years: 44 Months: ? Days: ? If less than one day: hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Janitor

11. Industry or business: —

FATHER

12. Name: Edward Pellam

13. Birthplace: Virginia

MOTHER

14. Maiden name: Lucy Strothers

15. Birthplace: Virginia

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 6-26-40 (month) (day) (year)

Cemetery or crematory: not decided

Location:

18. Funeral director: Walter B. Spriggs

Address: 139 W. Hamburg St. Baltimore

19. 6/23/40 (Date rec'd by registrar) 19 E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1938, to June 23 1940, and that I last saw him alive on June 22, 1940.

Immediate cause of death: Bronchopneumonia — DURATION: 12 days

Due to:

Due to:

Other conditions: General Paralysis of the insane (Include pregnancy within 3 months of death) — unknown

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Herbert T. Smith Woods M. D. or other

Address: Date signed:

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JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 06222

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: U.S.Naval Hospital, Annapolis, Md.
Stay in hospital or inst. (yrs., or mos., or days): Three (3) days.
Stay in this community (yrs., or mos., or days): Less than a month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Virginia County:
City or town: Norfolk Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 513 Boissevain Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Roland Leroy PICKETT

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Juanita Pickett
6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): 12-31-11

8. AGE: Years	Months	Days	If less than one day
28	5	7	hrs. min.

9. Birthplace: Newbury Massachusetts
(Town, county, and state)
10. Usual occupation: Ship's Cook, U. S. Navy
11. Industry or business: U.S.Navy

FATHER
12. Name: Harry Linden Pickett
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: G.C.THOMAS, Captain, (M.C.)., USN
Address: U.S.Naval Hospital, Annapolis, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 10/4/0 (month) (day) (year)
Cemetery or crematory: BODY SHIPPED TO FATHER, BYFIELD, MASS.
Location:
16. Funeral director: B. L. HOPPING
Address: 170-172 West Str., Annapolis, Md.

19. 6. 10 19 40 (Date rec'd by registrar) J. H. Murphy Registrar

MEDICAL CERTIFICATION

12:35 AM

20. DATE OF DEATH: 6-7-40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-5-40 19 , to 6-7-40 19 , and that I last saw him alive on 6-6-40 19

	DURATION
Immediate cause of death: HEMORRHAGE CEREBRAL	3 days
Due to:	
Due to:	
Other conditions:	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations:	
Of autopsy: HEMORRHAGE CEREBRAL.	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. L. WARE, M.D.
Lieutenant Medical Corps, U.S.Navy, M.D. or other
Address: U.S.Naval Hospital, Annapolis, Md. Date signed: 6-7-40

RECEIVED
JUL 5 1940
BUREAU V. S.

Social Security No. - 705-12-2516

STATE OF MARYLAND—CERTIFICATE OF DEATH

06223

(94a)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 22

Village or City Dorsey Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Conrad Pope If U.S. Veteran, specify WAR

(a) Residence: No. Dorsey Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise Heinmuller

6. DATE OF BIRTH (month, day, and yaer) 5/30/1885

7. AGE Yaars	Months	Deys	If LESS than 1 day, hrs. or min.
55		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Va

FATHER

13. NAME Wesley Pope

14. BIRTHPLACE (city or town) (State or country) N. Va

MOTHER

15. MAIDEN NAME Margaret Eab

16. BIRTHPLACE (city or town) (State or country) N. Va

17. INFORMANT Mrs H.C. Pope (Address) Dorsey Md.

18. BURIAL, CREMATION, OR REMOVAL Place Meadow Forge Date 6/17/40, 19

19. UNDERTAKER John J. Fahey & Sons (Address) 1318 Light St. Balto.

20. FILED June 15, 1940 Clara M. Haslup Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 14th (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1940 to June 14th, 1940

I last saw him alive on ?, 19; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	died suddenly

Other Contributory Causes of importance: ✓

Neme of operation Date of

What test confirmed diegnosis? Clin. Was there an autopsy? No.

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Whara did injury occur? (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way ralated to occupation of deceased?

If so, spacify

(Signed) Frank E. Shipley M. D.

(Address) Savage, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

(over)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED M.D. JUN 25 1940 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Death was sudden. I notified the deputy Medical Examiner for A.A.Co. & he authorized this certificate without further investigation. Frank Shipley.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06224

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 94 Shipwright St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 94 Shipwright St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Francis Quaid

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Louise T. Quaid

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 17th 1877

8. AGE: Years: 63 | Months: 10 | Days: 20 | If less than one day: hrs. min.

9. Birthplace: Annapolis Md.

(Town, county, and state)

10. Usual occupation: City Treas.

11. Industry or business: Annapolis Md.

FATHER

12. Name: George Quaid

13. Birthplace: Annapolis Md.

MOTHER

14. Maiden name: Martha Ann Terry

15. Birthplace: Annapolis Md.

16. Informant: Louise T. Quaid

Address: Annapolis Md.

17. Burial (Burial, cremation, or removal—Which?) Date thereof June 9-1940 (month) (day) (year)

Cemetery or crematory: Cedar Bluff

Location: Annapolis Md.

18. Funeral director: John W. Taylor

Address: Annapolis Md.

19. 6/8th 1940 (Date rec'd by registrar) J J Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 6 1940, and that I last saw h[im] alive on June 6 1940.

Immediate cause of death: Coronary thrombosis

DURATION: June 5

Due to: arterio sclerosis

DURATION: unknown

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C Bond M. D. or other

Address: Annapolis Md Date signed: 6-7-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

06225

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County A. A.

City or town Linthicum
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Camp Meade Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 1/2 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Anne Arundel

City or town Linthicum Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Camp Meade Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Alphonse Ricaille (Alphonse Ricaille)

3. (b) Social Security Number none

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Amelia Ricaille

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) July 21, 1859

8. AGE: Years 80 Months 10 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace Belgium
(Town, county, and state)

10. Usual occupation Glass Polisher

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Belgium

MOTHER
14. Maiden name Unknown
15. Birthplace Belgium

16. Informant Mrs H. Pfeiffer

Address Linthicum, A.A. Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 19-1940
(month) (day) (year)

Cemetery or crematory New Cathedral

Location Baltimore Md

18. Funeral director J. M. Tickner & Sons

Address N. Fa Ave. Baltimore Md

19. 16 June 1940 Jaddrell Woodruff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death	DURATION
Cardio-Vascular Disease	May 20-40
Due to Arteriosclerosis	10 yr.
Due to	
Other conditions Grippe	May 24-19

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas. L. Ball, Jr. MD
M. D. or other

Address Linthicum Date signed 6-15-1940

RECEIVED
JUN 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 06226

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: U.S.NAVAL HOSPITAL,ANNAPOLIS, MD.

Stay in hospital or inst. (yrs., or mos., or days): 15 days

Stay in this community (yrs., or mos., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pennsylvania County: Blair

City or town: Altoona Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2139 18th Str.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: UNKNOWN

3. (a) FULL NAME: Ralph Newton RIDER

3. (b) Social Security Number: 170-18-1219

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: Mae Rider

6(c) If alive, give age: ~~UNKNOWN~~ 56 years

7. Birth date of deceased (mo., day, yr.): 5-15-82

8. AGE: Years	Months	Days	If less than one day
58	0	26	____ hrs. ____ min.

9. Birthplace: Blair County, Pennsylvania
(Town, county, and state)

10. Usual occupation: Brick layer

11. Industry or business:

FATHER — 12. Name: UNKNOWN

13. Birthplace:

MOTHER — 14. Maiden name: UNKNOWN

15. Birthplace:

16. Informant: G.C.THOMAS, Captain,(MC),USN.

Address: U.S.NAVAL HOSPITAL,ANNAPOLIS,MD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 (month) 12 (day) 40 (year)

Cemetery or crematory: Rose Hill

Location: Altoona, Penna.

18. Funeral director: B.L.HOPPING,

Address: Annapolis, Maryland.

19. 6 12 19 40 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-11-40 19____, at 5:40 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-27-40 19____, to 6-11-40 19____, and that I last saw h im alive on 6-10-40 19____.

Immediate cause of death	CORONARY THROMBOSIS	DURATION
Due to	ANTERIOSCLEROTIC HEART DISEASE	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: CORONARY THROMBOSIS.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Robert L. WARE, MD.

Address: Lieutenant,Medical Corps,U.S.Navy or other
U.S.Naval Hospital,
Annapolis, Md.

Date signed: 6-11-40

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06227

(172)

1. PLACE OF DEATH

County ANNE ARUNDEL Registration Dist. No. 21

Village or City ANNAPOLIS No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred -- yrs. -- mos. -- ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME RIPPENTROP, Herman John

(a) Residence: No. U.S.S. JACOB JONES St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) 3 September, 1919.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fireman, U.S.Navy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U.S.Navy.

10. Date deceased last worked at this occupation (month and year) 6 June, 1940

11. Total time (years) spent in this occupation 1-yr.

12. BIRTHPLACE (city or town) Lakota, Iowa.
(State or country)

FATHER

13. NAME C.J. Rippentrop,

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT U.S.NAVY RECORDS.
(Address) U.S.S.JACOB JONES.

18. BURIAL, CREMATION, OR REMOVAL

Place LAKOTA, IOWA Date 6-12-40, 19

19. UNDERTAKER B.L.HOPPING, 172 WEST STR.,
(Address) ANNAPOLIS, MD.

20. FILED 6-12, 1940 J. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) Tenth (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ---------, 19, to ---------, 19

I last saw him alive on ---------, 19; death is said to have occurred on the date stated above, at --- m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
DROWNING.	
Other Contributory Causes of importance: None.	

Name of operation ---------- Date of ----------

What test confirmed diagnosis? ---------- Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ---------- Date of injury ----------, 19

Where did injury occur? ----------
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? Yes.

If so, specify Lost overboard from Ship.

(Signed) J.V.PRENDERGAST MERCEDES. M. D.

(Address) ----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46B) Reg. Dist. No. 23

06228

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County A. A.
(b) City or town Linthicum (If outside city or town limits, write RURAL and give town)
(c) Street address, hoapital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 26

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Linthicum, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Everette Norman Ripple.

3 (b) If veteran, name war

3 (c) Social Security No. 216-09-9148

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Carrie Ripple

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) March 14, 1878

8. AGE: Years 62 | Months 2 | Days 27 | If less than one day ____hr. ____min.

9. Birthplace Penna. (Town, county, and state)

10. Usual occupation Broom Manufacturer

11. Industry or business

FATHER
12. Name Sidney A Ripple
13. Birthplace Penn ?

MOTHER
14. Maiden Name Adaline Bowers
15. Birthplace Hockingport Lowellville, Ohio

16 (a) Informant Walter Ripple
(b) Address 112 Osborn - Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wm. J. Dickey & Sons
(b) Address 1011 W. Pratt St.

19 (a) June 13 (Date rec'd by registrar), (b) Matilda R. DeAlba Dep Registrar

MEDICAL CERTIFICATION

20. Date of death June 11 1940, at 11:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1936, to June 11 1940, and that I last saw him alive on June 11 1940.

	Duration
Immediate cause of death Gastric Hemorrhage	June 6-1940
Due to Cardio-Vascular Disease	5 yrs.
Due to Gastric Ulcer - & Cancer	2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ca. of Pylorus.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Bare J. M.D. M. D. or other
Address Linthicum Date signed 6-11-40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06229

CERTIFICATE OF DEATH

Reg. Dist. No. 21 -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel.

City or town: Near Severna Park —

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County: Anne Arundel.

City or town: Severna Park. Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War —

3. (a) FULL NAME: Allie Young Russell —

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Janie Russell.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 18, 1890.

8. AGE: Years	Months	Days	If less than one day
50		9	____ hrs. ____ min.

9. Birthplace: North Carolina.

(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business: Farm.

FATHER — 12. Name: Albert J. Russell.

FATHER — 13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Susan Thomas.

MOTHER — 15. Birthplace: North Carolina.

16. Informant: Mrs. Janie Russell.

Address: Severna Park. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/29/40 (month) (day) (year)

Cemetery or crematory: Balto. Nat. Cem.

Location: Baltimore Md.

18. Funeral director: William Cook

Address: 217 St Paul St

19. June 27 1940 (Date rec'd by registrar) Matilda R. DeAlba, Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27. 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1940, to June 27 1940, and that I last saw h— alive on June 26 1940.

Immediate cause of death	DURATION
Coronary Thrombosis —	20 hours.
Due to Chronic Myocarditis.	3 years.
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: James S. Beckingham M. D.

M. D. or other

Address: Glen Burnie. Md. Date signed: June 27, 1940

RECEIVED
JUL 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

66230

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Ritchie Highway near Furnace Branch Rd.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~1450~~ ~~Covington St.~~ 1315-S. Hanover St.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Walter H. Shearer.

3. (b) Social Security Number: 274-07-0964 (Poss.) ~~None~~

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: None

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): ~~Sept.~~ Jan.-unknown 1908.

8. AGE: Years: 32 Months: 5 Days: ? If less than one day: hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Eli W. Shearer
13. Birthplace: Carroll Co.

MOTHER
14. Maiden name: Sarah J. Fair
15. Birthplace: Carroll Co.

16. Informant: Mr. Eli W. Shearer.
Address: 1817 Light St. Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 29, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill.

Location: Anne Arundel Co.

18. Funeral director: Thomas W. Singleton

Address: Glen Burnie, Md.

19. June 27 1940 (Date rec'd by registrar) Mrs. Dea Alva Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1940, at 11.15 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ Post-mortem examination, ~~and that I last saw~~ 19

Immediate cause of death: Fracture of skull Hemorrhage

Due to:

Due to:

Other conditions: Fractures of tibia and fibula
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 6/26/40

Where did injury occur? Ritchie Highway near Furnace Branch Rd. near Glen Burnie (City or town) (County) Md. (State)

Injured at home, farm, industry, public place (where?): Ritchie Highway

Means of injury: Automobile Injured at work? no

23. SIGNATURE: John M. Claffy Deputy medical Examiner M. D. or other

Address: Annapolis Md Date signed: 6/27/40

RECEIVED
JUN 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06231

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Long Point, Magothy River
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Eldridge, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Bounie View Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Robert Norris Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife: —
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug. 2. 1922

8. AGE:

Years	Months	Days	If less than one day
17	10	14	____hrs. ____min.

9. Birthplace: Arbutus.
(Town, county, and state)
10. Usual occupation: Farm laborer
11. Industry or business: General farming
FATHER 12. Name: Geo. Gardner Smith. Jr
13. Birthplace: Baltimore, Md
MOTHER 14. Maiden name: Mary E Barrett
15. Birthplace: Baltimore, Md
16. Informant: Miss Anna Louise Smith
Address: Eldridge, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/20/40 (month) (day) (year)
Cemetery or crematory: Forrest
Location: Wanda Mill Rd
18. Funeral director: Frank A. Newell
Address: Pikesville. Md
19 June 16 1940 (Date rec'd by registrar) M. Scallon Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 4.05 P.M.
21. I CERTIFY that death occurred on the date above stated; the cause and manner of death were as follows: Post-Mortem Exam. 19____,
and that I last saw the deceased on ____ 19____.

	DURATION
Immediate cause of death:	
Drowning	
Due to:	
Due to:	
Other conditions:	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 6/16/40
Where did injury occur? Long Point, Magothy River (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Magothy River
Means of injury: was in swimming Injured at work? —

23. SIGNATURE: John M. Cleffy Deputy medical examiner
M. D. or other
Address: Annapolis Md Date signed 6/16/40

De-alba
glenburnii 2nd

STATE OF MARYLAND—CERTIFICATE OF DEATH

06232

1. PLACE OF DEATH (117a)

County Anne Arundel Registration Dist. No. 23

Village or City Orchard Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Hubert Specht If U. S. Veteran, specify WAR —

(a) Residence: No. 2527 McHenry St., Ward, Social Security # 218-01-1209

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Marie Specht

6. DATE OF BIRTH (month, day, and year): Dec. 27 - 1918

7. AGE: Years 21 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Baker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Wagner-Correll

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pittsburg Pennsylvania

FATHER

13. NAME: Harry H. Specht

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah A. Pope

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Mrs. Ruth M. Specht 2527 McHenry St

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: June 27, 1940

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED: June 25, 1940 Mrs De Alba Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1940, to June 24, 1940

I last saw him alive on June 23 - 10 P.M., 1940; death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Gastric ulceration - Gastritis (probable perforation)

Other Contributory Causes of Importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Stansbury M. D.

(Address) 714 Park Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]LY, WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July5,1927*
Other contributory causes of importance:	
Gallstones	*May1,1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JUN 29 1927 U.S. DEPARTMENT OF COMMERCE

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. F. K. Stanford
714 Cut Ave.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

06233

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:

County Anne Arundel

City or town Laurel, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: District Training School

Stay in hospital or inst. (yrs., or mos., or days) 6yrs, 5mos.

Stay in this community (yrs., or mos., or days) 6 yrs, 5 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ~~Maryland~~ Dist. County ~~Anne Arundel~~

City or town ~~Laurel~~ Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~District Training School~~
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Spence, alias Cannon

3. (b) Social Security Number —

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/3/31

8. AGE: Years 8 Months 10 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Jesse Cannon
13. Birthplace Unknown

MOTHER
14. Maiden name Doris Spence
15. Birthplace Unknown

16. Informant School Record

Address District Training School

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15, 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location District Training School

18. Funeral director Dr. Lewald.

Address District Training School

19. June 14 1940 (Date rec'd by registrar) Clara M Hashefu Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1940, at 3:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940, to June 12, 1940, and that I last saw him alive on June 12, 1940.

Immediate cause of death Bronchopneumonia

DURATION 1 wk.

Due to

Due to

Other conditions Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; No.

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE James Hurley M.D. M. D. or other

Address Dist. Tr. School Date signed 6/14/40

RECEIVED
JUL 6 1940
BUREAU Y. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-B

06234

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)

Street No. 238 Prince Geo. St. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lynette H. Stamper

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: William F. Stamper

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 29th 1871

8. AGE: Years 69 | Months | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Va. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER: 12. Name: Edward F. Hurt

13. Birthplace: Va

MOTHER: 14. Maiden name: Nancy Jane Carden

15. Birthplace: Va

16. Informant: Mrs James M. Magruder Jr.

Address: Annapolis Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 24th 1940 (month) (day) (year)

Cemetery or crematory: Arlington

Location: Va

18. Funeral director: John M. Taylor

Address: Annapolis Md.

19. 6 24 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 ~~19~~, to June 1940 and that I last saw her alive on 19

Immediate cause of death: Carcinoma bladder rectum + pelvic adenexia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 1938

Major findings of operations: Hysterectomy + Bilateral salpingo opharectomy Date of op. 1939

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Willis Martin M.D. M. D. or other

Address Annapolis Md Date signed 6/24/40

RECEIVED
JUL 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

06235

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 week

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Arnold Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Arnold Md.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME James J. Sweeney

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Elizabeth Sweeney

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 5th 1880

8. AGE: Years 59 | Months 11 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Buffalo N. Y. (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER 12. Name: James Sweeney

13. Birthplace: N. Y.

MOTHER 14. Maiden name: Unknown

15. Birthplace

18. Informant: Ronald Sweeney

Address: Arnold A. G. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8-1940 (month) (day) (year)

Cemetery or crematory

Location: Buffalo New York

18. Funeral director: John M. Taylor

Address: Annapolis Md.

19. 6 7 1940 (Date rec'd by registrar) J. M. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 1 1940, to June 5 1940, and that I last saw him alive on June 5 1940.

Immediate cause of death: 1. Cellulitis of leg. — DURATION 1 mo

Due to: Arteriosclerosis — Unknown

Due to: Diabetes — Unknown

Other conditions: Diabetes + arterio sclerotic gangrene of leg.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Amputation of leg

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J. Willis Martin M. D. or other

Address Annapolis Md Date signed 6/5/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 21 06236

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Arundel on the Bay
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Conduit St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Daisy E. Thomas
3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William H. Thomas
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 25th 1871
8. AGE: Years 69 Months 1 Days 26 If less than one day ____ hrs. ____ min.
9. Birthplace: Annapolis Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: William Hubbard
13. Birthplace: A A Co Md
MOTHER
14. Maiden name: Sarah Mace
15. Birthplace: A A Co Md.
16. Informant: William H. Thomas
Address: Main St. Annapolis Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 21-1940 (month) (day) (year)
Cemetery or crematory: Cedar Bluff
Location: Annapolis Md
18. Funeral director: John M. Taylor
Address: Annapolis Md.
19. June 20 1940 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940, at 1:52 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939 to June 20 1940 and that I last saw her alive on June 20 1940.
Immediate cause of death: Acute dilatation of heart with pulmonary oedema
Due to: Cr. Myocarditis
Due to: Diabetes Mellitus
Other conditions: Cr. Arterial Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: Sudden; Several yrs. about 12 yrs.; Several yrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Olivia Purvis M. D. or other
Address: Annapolis Md Date signed: 6/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JUL 5 1940
BUREAU V. S.

06237

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Radio Station U. S. N.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Radio Station Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. U. S. Goverment Resavation
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Thomas Joseph Tighe Jr.

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16th 1932

8. AGE: Years 8 Months 1 Days 27 If less than one day hrs. min.

9. Birthplace Annapolis Md
(Town, county, and state)

10. Usual occupation School boy

11. Industry or business

FATHER
12. Name Thomas J. Tighe
13. Birthplace Maryland

MOTHER
14. Maiden name Evelyn E. Welch
15. Birthplace Eastport Md

16. Informant Thos. J. Tighe
Address Radio Station Annapolis Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 16-1940
(month) (day) (year)

Cemetery or crematory St Mary's

Location Annapolis Md

18. Funeral director John M. Taylor
Address Annapolis Md.

19. 6 16 1940 J J Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 3 30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post-mortem Examination

and that last saw xxxxxxxxxx 19

Immediate cause of death Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/13/40

Where did injury occur? Mill Creek - near Annapolis
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Drowned in Creek

Means of injury while swimming Injured at work? no

23. SIGNATURE John M. Claffey Deputy medical examiner
M. D. or other

Address Annapolis Md Date signed 6/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06238

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: A. A. Co.

City or town: Davidsonville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Tongue

3. (b) Social Security Number: 162-10-0108 (Poss.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Wid.

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 10 1908

8. AGE:

Years	Months	Days	If less than one day
32	5	4	hrs. min.

9. Birthplace: Davidsonville (Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business: Private home

FATHER

12. Name: James Tongue

13. Birthplace: Davidsonville, Md.

MOTHER

14. Maiden name: Unknown

15. Birthplace:

16. Informant: James Tongue Sr.

Address: Davidsonville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6 17 40 (month) (day) (year)

Cemetery or crematory: Mt Zion

Location: Mt Zion, Md.

18. Funeral director: T. A. Hardesty & Son

Address: Galesville

19. June 16 1940 (Date rec'd by registrar) Elaine J. Smith (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1940 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 14 1940, and that I last saw h- alive on June 13 1940.

Immediate cause of death	DURATION
General paralysis of the Insane	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Ot autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Tidyman M. D. or other

Address: Davidsonville Date signed 6-14-40

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JUL 8 1940
BUREAU V. S.

Brogan

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-B) ~~Social Security #215-03~~

06239

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Pasadena
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Anne Arundel

City or town: Greenhaven (Pasadena Md) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph Andrew Truffer

3. (b) Social Security Number: 215-03-3070

4. Sex: M

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Mary F. Truffer

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 23 - 1881

8. AGE: Years 59 Months 3 Days 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business

FATHER
12. Name: August Truffer
13. Birthplace: Switzerland

MOTHER
14. Maiden name: Mary Von Schalen
15. Birthplace: Switzerland

16. Informant: Mrs Mary F. Truffer

Address: Pasadena Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof: June 12/40 (month) (day) (year)

Cemetery or crematory: Holy Cross

Location: A. A. Co.

18. Funeral director: Bernard C. Harle

Address: 121 E West St

19. 6-10 19 40 L. A. Brew
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 - 1940 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to June 9 1940 and that I last saw him alive on June 8 - 1940

Immediate cause of death: Metastatic Carcinoma

DURATION: Bone

Due to: Primary carcinoma of left femur metastacized to left humerus

Due to: spine and pelvis. O.W.S.R.

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Joseph Lipsky M. D. or other

Address: Allenton Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06240

Reg. Diat. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Mayo. (Rhode River)
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Silver Spring R 7 Box
(If outside city or town limits, write RURAL, NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edmund F. Vincent

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Mrs. Mabel Vincent
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 1, 1901

8. AGE: Years: 39 | Months: — | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Wilmington, Delaware
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: John W. Vincent
13. Birthplace: Cumberland, Md.

MOTHER
14. Maiden name: Edna Webb
15. Birthplace: Delaware

16. Informant: Mrs. Mabel Vincent
Address: Lutys Lane R.F.D. Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/18/40 (month) (day) (year)
Cemetery or crematory: Washington Memorial Park
Location: Riggs Rd. College Park, Md.

18. Funeral director: J. Arthur Walters
Address: 254 Carroll St. Takoma Park, D.C.

19. 6/17/40 (Date rec'd by registrar) Edw Collinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated: Post. mortem examination 19 , 19 .

Immediate cause of death: Drowning — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

(Autopsy?)

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accidental Date of: 6/16/40
Where did injury occur? Mayo (City or town) A. A. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Rhode River
Means of injury: drowning Injured at work? no

23. SIGNATURE: John M. Claffey Deputy Medical examiner
M. D. or other
Address: Annapolis Md. Date signed 6/17/40

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JUN 25 1940
BUREAU V.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

06241

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2yr.3mo.15days

Stay in this community (yrs., or mos., or days) 2yr.3mo.15days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore City

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 504 Aisquith Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR --------

3. (a) FULL NAME Addie Vodery

3. (b) Social Security Number --------

4. Sex: Female

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months Unknown | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business --------

FATHER
12. Name Draper Lee
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Stanley
15. Birthplace Maryland

16. Informant Hospital Records

Address Crownsville, Md.

17. Mt. Calvary Cem. (Burial, cremation, or removal, Which?) Date thereof 6/13/40 (month) (day) (year)

Cemetery or crematory Mt. Calvary Cem.

Location A. A. County Md

18. Funeral director Joseph M. Lock Jr.

Address 1304 N. Central Ave.

19. 6/10-40 19 E. F. Joyce
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1940, at 11:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 25, 1938 to June 9 1940 and that I last saw her alive on June 9th 1940

Immediate cause of death Chronic Myocarditis

Due to ---------

Due to ---------

Other conditions ---------

(Include pregnancy within 3 months of death)

Major findings:

Of operations --------

Of autopsy --------

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE Thos. T. Winwood M. D. or other

Address Crownsville, Md. Date signed 6/10/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06242

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Brooklyn Park (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 101 5th Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: A A Co

City or town: Brooklyn Park Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 101 5th Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph T Ward

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mary E

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 11 1853

8. AGE: Years	Months	Days	If less than one day
83	11	12	hrs. min.

9. Birthplace: Calvert Co. Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER 12. Name: John Ward

FATHER 13. Birthplace: Md

MOTHER 14. Maiden name: Mary E Watson

MOTHER 15. Birthplace: Md

16. Informant: Mrs Nora B Brosaker

Address: 101 5th Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jun 26-40 (month) (day) (year)

Cemetery or crematory: Baldwin Church Cemetery

Location: Cross Road Millersville Md

18. Funeral director: William M Mareck

Address: 715 Light St

19. June 26 1940 (Date rec'd by registrar) Ida M. Whitam Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-23-40 19 to 6-23-40 19, and that I last saw h alive on — Found dead. 19

Immediate cause of death	OURATION
Coronary Occlusion	1 day
Due to	
Due to	
Other conditions: Arteriosclerosis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Lawrence M. Sera M. D. or other

Address: 1009 Annapolis Blvd Date signed: 6/25/40

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JUL 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (30b)

06243

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 mos. 6 days
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1433 Jefferson Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: HARRISON WHITE
3. (b) Social Security Number: -------

4. Sex: male
5. Color or race: black
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: -----
6(c) If alive, give age: ---- years
7. Birth date of deceased (mo., day, yr.): 1915
8. AGE: Years: 25 Months: Unknown Days: If less than one day: ---- hrs. ---- min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Junk collector
11. Industry or business:
FATHER 12. Name: Albert White, dead
13. Birthplace: Maryland
MOTHER 14. Maiden name: Nettie Cooper
15. Birthplace: Maryland
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. Buried (Burial, cremation, or removal. Which?) Date thereof: June 19, 1940 (month) (day) (year)
Cemetery or crematory: Arbutus Memorial Pk.
Location: Arbutus, Md.
18. Funeral director: Mrs. Chas. G. Bailey
Address: 1421 Jefferson St.
19. June 15 (Date rec'd by registrar) 1940 Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14th 1940, at 7:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 8th 1939, to Jun. 14 1940 and that I last saw him alive on June 14th 1940.
Immediate cause of death: General paralysis of the insane
Due to:
Due to: Lues
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: -----
Of autopsy: -----
DURATION
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ---- Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: ---- Injured at work?
23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 6/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

#6627

Harrison White
Baltimore City
Admitted Dec. 8th, 1939
Died June 14th, 1940

RECEIVED
JUN 18 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06244

1. PLACE OF DEATH (93 ct)

County: Anne Arundel — Registration Dist. No. 20

Village or City: Edgewater — Anne Arundel County Home — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Anne Elizabeth Windsor — If U. S. Veteran, specify WAR ___

(a) Residence: No. County Home Edgewater Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 55 — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Co. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George Co. Md.

FATHER

13. NAME: Henry Windsor

14. BIRTHPLACE (city or town) (State or country): Prince George Co. Md.

MOTHER

15. MAIDEN NAME: Julia Kidwell

16. BIRTHPLACE (city or town) (State or country): Prince George Co. Md.

17. INFORMANT (Address): Mrs Tucker, Edgewater

18. BURIAL, CREMATION, OR REMOVAL — Place: Co. Home — Date: June 4, 1940

19. UNDERTAKER (Address): Jas. T. Cox, Annapolis Md.

20. FILED: June 4, 1940 — Leaving [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr., 1940, to June 3, 1940 I last saw her alive on June 3, 1940; death is said to have occurred on the date stated above, at 8 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Generalized arterio sclerosis	

Other Contributory Causes of importance:

Name of operation: none — Date of ___

What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) W. Fidler M.D.

(Address) Davidsonville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN